

---

## HEPATITIS A

---

***Clinical Features:*** Abrupt onset of fever, malaise, anorexia, abdominal cramps, and sometimes diarrhea. Jaundice may develop a few days after onset.

***Causative Agent:*** Hepatitis A virus

***Mode of Transmission:*** Transmission is through person-to-person, direct fecal-oral contact; consumption of food or beverages contaminated by an infectious person (indirect-fecal oral contact); or consumption of undercooked food exposed to contaminated water or feces (i.e., mollusks, lettuce, strawberries)

***Incubation Period:*** 15 to 50 days (average 28 to 30 days)

***Period of Communicability:*** From the latter half of the incubation period to a maximum of 7 days after the onset of jaundice. This can be as long as one month.

***Public Health Significance:*** Hepatitis A continues to be one of the most frequently reported vaccine-preventable diseases in the United States. An inactivated hepatitis A vaccine is very effective in preventing infection; it is recommended for travelers to countries where hepatitis A is a common infection as well as for high-risk adults and children residing in these countries.

Gamma globulin (IG) can help prevent hepatitis A if administered soon after infection, and is recommended for people who live in the same house as a person with hepatitis A, for sexual contacts of a person with hepatitis A, and for children in the same day care center with a child with hepatitis A. IG is **NOT** given to casual contacts of a person with hepatitis A because the risk of infection in these situations is extremely small.

The goal of hepatitis A surveillance in Kansas is to identify cases and apply appropriate control measures. Control measures include contact identification and administration of post-exposure prophylaxis. If control measures are completed in a timely fashion, outbreaks can be prevented.

***Reportable Disease in Kansas Since:*** 1982

### ***Clinical Criteria***

- An acute illness with (a) discrete onset of symptoms, **AND** (b) jaundice or elevated serum aminotransferase levels.

### ***Laboratory Criteria for Surveillance Purposes***

- Immunoglobulin M (IgM) antibody to hepatitis A virus (anti-HAV) positive.

## ***Surveillance Case Definitions***

### **➤ *Confirmed:***

- A case that meets the clinical case definition and is laboratory confirmed,  
**OR**
- A case that meets the clinical case definition and occurs in a person who has an epidemiologic link with a person who has laboratory-confirmed hepatitis A (e.g., household or sexual contact with an infected person during the 15-50 days before the onset of symptoms).

## ***Epidemiology and Trends***

***2005 Kansas Count: 16***

	<i>Rate per 100,000</i>	<i>95% CI</i>
Kansas Rate	0.6	(0.3 – 0.9)
U.S. Rate (2004)	1.9	NA

Sixteen cases of hepatitis A were reported in Kansas in 2005, a decrease compared to the 22 cases reported in the previous year. The three-year median for 2002-2004 was 26 cases. The 2005 cases ranged in age from three to 75 years; the median age was 15 years. No outbreaks of hepatitis A were detected; two cases of secondary transmission were noted.

The majority of cases (n=10, 63%) occurred in females. Ethnicity was known for 14 cases—eight (57%) were Hispanic. The incidence rate among Hispanics was higher (3.6 per 100,000) compared to non-Hispanics (0.2 per 100,000).

Risk factors during the 2-6 weeks prior to illness were noted in 10 of the 16 cases. Reported risk factors included contact with a hepatitis A case (2), and history of foreign travel (8). Regions and countries traveled included South / Central America (5) and India (2) — one travel history was not specified.